## PART B - FEE(S) TRANSMITTAL

Complete and semonis form, together with applicable fee(s), to: Mail					Mail Stop ISSUE	Mail Stop ISSUE FEE		
	MA	8 5 9 5000 E		or Fax	Commissioner for P.O. Box 1450 Alexandria, Virg (571) 273-2885			
INSTRUCTIONS: TH			nsmitting the ISSU			ired). Blocks 1 through 5 s	hould be completed where	
appropriate. All furth indicated unless corre maintenance fee notifi	ected belications.	pondence duding the	Patent, advance or e in Block 1, by (a	ders and notificat a) specifying a new	ion of maintenance fees v w correspondence address:	vill be mailed to the current ; and/or (b) indicating a sep	hould be completed where correspondence address as arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of	Note: A certificate of mailing can only be used for domestic mailings of the		
7590 12/30/2005					Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
Madeline I. Johnson					Cer L hereby certify that th	rtificate of Mailing or Tran	smission	
King & Spalding 45th Floor, 191 Peachtree Street, N.E.					States Postal Service vaddressed to the Mai	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
Atlanta, GA 30303					transmitted to the OSP	(Depositor's name)		
						(Signature)		
							(Date)	
APPLICATION NO	APPLICATION NO. FILING DATE		Ī	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/834,596 04/13/2001			Kyoichi A. Watanabe PHARMI			4260		
TITLE OF INVENTION: 3'-OR 2'-HYDROXYMETHYL SUBSTITUTED NUCLEOSIDE DERIVATIVES FOR TREATMENT OF HEPATITES VIRUS INFECTIONS								
		OLIVA CUTITY	T ISSUE F		PUDLICATION FEE	I moment manage news		
APPLN. TYPE nonprovisional	L	SMALL ENTITY NO	ISSUE F		PUBLICATION FEE \$300	\$1700	03/30/2006	
					<u></u>	, \$1700 1	03/30/2000	
EXAMINER  MCINTOSH III, TRAVISS C		ART UNIT C		CLASS-SUBCLASS 514-049000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list								
CFR 1.363). (1) the nam					of up to 3 registered patent attorneys I Merchant & Gould			
Address form PTO/SB/122) attached. (2) the					ents OR, alternatively, e name of a single firm (having as a member a 2 901 15th Street, NW			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  Ste.  3 Washington, DC 20005				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
#3/31/2006   RESIDENCE: (CITY and STATE OR COUNTRY)  #3/31/2006   RESIDENCE: (CITY and STATE OR COUNTRY)  #1 FU: 1501   1409.00 DA								
PHARMASSET, LTD. St. Michael, Barbados West Indies DA								
Please check the appropriate assignce category or categories (will not be printed on the patent):								
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
						amount of the fee(s) is enclosed. dit card. Form PTO-2038 is attached.		
				`			credit any overnayment to	
				Deposit Account	Number 13-2725	harge the required fee(s), or (enclose an extra c	copy of this form).	
_ ` .		om status indicated abov ALL ENTITY status. Se	•	☐ b. Applicant i	s no longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
The Director of the US NOTE: The Issue Fee interest as shown by the	SPTO is and Public record	requested to apply the Is lication Fee (if required) s of the United States Pa	sue Fee and Publica will not be accepted tent and Trademark	tion Fee (if any) o d from anyone oth Office.	r to re-apply any previousl er than the applicant; a reg	y paid issue fee to the applicate istered attorney or agent; or t	ation identified above. he assignee or other party in	
Authorized Signature Rever Mugueull Date 3/29/2006								
Typed or printed name Ronald A. Daignault, Esq. Registration No. 25,968								
This collection of info an application. Confid submitting the comple this form and/or sugge Box 1450, Alexandria Alexandria, Virginia 2	dentiality eted applessions for a, Virginia	is governed by 35 U.S. ication form to the USP or reducing this burden, a 22313-1450. DO NOT	311. The information 122 and 37 CFR TO. Time will vary should be sent to the SEND FEES OR	on is required to ob 1.14. This collecti depending upon to c Chief Informatic COMPLETED FO	stain or retain a benefit by to on is estimated to take 12 he individual case. Any co on Officer, U.S. Patent and RMS TO THIS ADDRESS	the public which is to file (an minutes to complete, including minents on the amount of the Trademark Office, U.S. Dep S. SEND TO: Commissioner	d by the USPTO to process) ng gathering, preparing, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450,	

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PTOL-85 (Rev. 07/05) Approved for use through 04/30/2007.

850

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Kyoichi A. Wantanaba

Examiner:

McIntosh III, Traviss

Serial No.:

09/834,596

Group Art Unit:

Filed:

April 13, 2001

Docket:

1623

Confirmation No.:

60137.0022USU1

Due Date:

4260

Notice of Allow. Date:

December 30, 2005

March 30, 2006

Title:

2'- or'3-Hydroxymethyl Substituted Nucleoside Derivations for Treatment of Hepatitis Virus

Infections

## TRANSMITTAL LETTER

Mail Stop Issue Fee Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Sir:

We are transmitting herewith the attached:

☐ Transmittal Sheet in duplicate

Return postcard

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers or any future reply, if appropriate. Please charge any additional fees or credit overpayment to Deposit Account No. 13-2725. A duplicate of this sheet is enclosed.

> Merchant & Gould P.C. P.O. Box 2903 Minneapolis, MN 55402-0903 202.326.0300

Name: Ronald A. Daignault, Esq.

Reg. No.: 25,968

RAD:cmt